IAP20 Rec'd PCT/PTO 10 AUG 2006

Application Data Sheet

Application information	
Application Number::	
Filing Date::	08/10/06
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	•
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Device for Microfluid Analyses
Attorney Docket Number::	GRUNP67
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	•
Total Drawing Sheets::	5
Small Entity?::	No
Latin name::	
Variety denomination name::	

No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers:: Secrecy Order in Patent Appl.?:: No **Applicant Information** Applicant Authority Type:: Inventor DE Primary Citizenship Country:: **Full Capacity** Status:: Johan-Valentin Given Name:: Middle Name:: Kahl Family Name:: Name Suffix:: München City of Residence:: State or Province of Residence:: DE Country of Residence:: Neustätterstrasse 1 Street of mailing address:: München City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Country of mailing address::

Initial 08/10/2006

DE

80636

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Roman
Middle Name::	
Family Name::	Zantl
Name Suffix::	
City of Residence::	Baldham
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Flurweg 5a
City of mailing address::	Baldham
State or Province of mailing address::	
Country of mailing address::	DE .
Postal or Zip Code of mailing address::	85598
Correspondence Information	
Correspondence Customer Number::	000049691
Name::	
Street of mailing address::	•
City of mailing address::	
State or Province of mailing address::	•.
Country of mailing address::	

Postal or Zip Code of mailing address::				
Phone number::				
Fax number::				
E-Mail address::				
Representative	e Information			
Representative Customer				
Number::	000049691		· · · · · · · · · · · · · · · · · · ·	
Domestic Priority Information				
Application::	Continuity Type::	Parent Application::	Parent Filing Date::	
Foreign Priority Information				
Country::	Application Number::	Filing Date::	Priority Claimed::	
DE	10 2004 007 646.4	02/17/04	Yes	
· ·				

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Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

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Postal or Zip Code of mailing address::